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Commission on Population and Development
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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Minnesota Citizens Concerned for Life Education Fund, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21106 (E) 230114

Please recycle

Statement

Prioritizing maternal health

On the twentieth anniversary of the International Conference on Population and Development, important progress has been made towards the implementation of the Programme of Action, but much work remains. As a non-governmental organization dedicated to the protection of innocent human life worldwide, the Minnesota Citizens Concerned for Life Education Fund calls on Member States to prioritize the improvement of maternal health care and a reduction in the number of abortions. We look forward to the discussion of this year's theme "Assessment of the status of the implementation of the Programme of Action of the International Conference on Population and Development".

Maternal mortality

The Programme of Action calls for reducing the incidence of maternal mortality and morbidity and expanding the provision of maternal health care, including obstetric care, maternal nutrition, delivery assistance and trained birth attendants. Headway has been made towards these goals. According to the World Health Organization (WHO), worldwide maternal deaths declined 47 per cent from 1990 to 2010. WHO attributes this success to improvements in health systems and increased female education, among other possible factors. The proportion of births attended by qualified personnel in developing areas increased from 55 per cent in 1990 to 65 per cent in 2009, according to the *Millennium Development Goals Report 2011*.

It is clear, however, that many countries are unlikely to meet the Millennium Development Goals target of a 75 per cent reduction in the maternal mortality ratio (maternal deaths per 100,000 live births) by 2015. An estimated 287,000 maternal deaths occurred in 2010, most of them in the developing world, particularly in sub-Saharan Africa and South Asia. This is unacceptable. Most maternal deaths can be prevented with adequate nutrition, skilled birth attendants and basic care before, during and after childbirth. Good maternal health care has saved lives in the developed world and, increasingly, in developing countries, but it is still utterly lacking in large areas of the world. Only by prioritizing maternal care and using limited resources wisely can high mortality ratios be substantially reduced.

Abortion and maternal health

The effort to reduce maternal mortality and morbidity should not use limited resources to legalize, promote or expand access to abortion. Maternal health depends far more on the quality of medical care (and related factors) than on the legal status or availability of abortion. It is true that many countries that prohibit non-therapeutic abortion have a high incidence of maternal mortality, while many of those that permit non-therapeutic abortion have a low incidence of maternal mortality. But correlation is not the same as causation. Most countries with high maternal mortality are developing countries with poor maternal health care, while those with low mortality are developed countries with superior resources and care. This is true regardless of abortion policy.

Maternal mortality declined dramatically in the developed world as a result of advances in modern medicine that took place before the widespread legalization of abortion. Today Ireland, Poland, Malta and Chile severely restrict or prohibit abortion and yet have very low maternal mortality ratios. And among the few countries that achieved a 75 per cent reduction in their maternal mortality ratios (a target of Millennium Development Goal 5) by 2010, Maldives, Bhutan and the Islamic Republic of Iran did so while generally prohibiting abortion. Finally, after Chile banned abortion in 1989, its maternal mortality ratio continued to decline significantly and at about the same rate, dropping 69.2 per cent over the next 14 years, according to a 2012 study by Elard Koch and others. Even maternal deaths due specifically to abortion declined from 10.78 abortion deaths per 100,000 live births in 1989 to 0.83 in 2007, a reduction of 92.3 per cent after abortion was made illegal. Legalizing abortion, the study's authors conclude, is demonstrably unnecessary for the improvement of maternal health and the saving of women's lives.

Nor is legalized abortion required by any right to health protected under international law. No United Nations treaty can fairly be construed as creating a right to abortion. On the contrary, various international documents such as the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child provide support for the protection of human beings at all developmental stages and in all conditions, including human beings in utero. The Programme of Action also affirms the equal dignity and right to life of every human being (chap. II, principle 1).

Efforts to legalize or expand abortion can be detrimental to the health and safety of pregnant women. Abortion poses serious physical and psychological risks. These risks include immediate complications such as hemorrhage, infection and death as well as long-term risks such as breast cancer. A wealth of worldwide research has established that abortion increases the risk of subsequent preterm birth, which can cause death or disability in newborn children. Abortion has also been associated with a variety of psychological and social problems, including depression, drug abuse and suicide. Moreover, the health risks of abortion are exacerbated in countries where basic health care is lacking. The legalization or expansion of abortion in such countries can increase the incidence of abortion, increasing the number of women subjected to the risks of abortion.

Abortion and the Programme of Action

The Programme of Action states that Governments should help women avoid abortion and that abortion should never be promoted as a method of family planning (para. 7.24). The Programme of Action also states that changes to abortion policy should be made at the local or national level (para. 8.25). The Minnesota Citizens Concerned for Life Education Fund has worked for decades at the local level to reduce the number of abortions. For example, a law enacted to provide pregnant women with basic factual information prior to undergoing abortion has helped reduce the incidence of abortion in Minnesota. This law is consistent with the recommendation contained in the Programme of Action to provide pregnant women with accurate information and counselling (para. 8.25). Legislation was also enacted to provide state grants to programmes offering assistance to pregnant women. These programmes provide education and practical aid to women in need and offer positive alternatives to abortion. Through policies like these enacted at the local or

national level Member States can fulfil the call in the Programme of Action to help women and prevent abortion.

Recommendations

We urge Member States to make every effort to improve maternal health care in order to save women's lives. This should not include calls or efforts to legalize or promote abortion. Consistent with the Programme of Action of the International Conference on Population and Development, Member States should seek to prevent abortion and assist pregnant women and women who have undergone abortions. Changes in abortion policy must be determined at the local or national level.

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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Fundación para Estudio e Investigación de la Mujer, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21112 (E) 240114

Please recycle

Statement

Challenges in advancing the Cairo Programme of Action to achieve women's rights in Argentina

The Programme of Action of the International Conference on Population and Development represented an extraordinary step forward in securing human rights, especially of women worldwide. This rights-based agenda committed Governments to proactively address gender inequalities to ensure sexual and reproductive health and eradicate gender-based violence. While the goal of achieving gender equality now broadly underpins the national regulatory framework in Argentina, the legislative advances that have been adopted are not fully reflected in the lived realities of women, especially poor and young women and those from other marginalized groups such as adolescent, indigenous, and lesbian, gay, bisexual and transgender women.

Fundación para Estudio e Investigación de la Mujer has been working to defend and promote sexual and reproductive rights in Argentina since 1989 and vigorously welcomed the Programme of Action. However, a principal deficit that we confront is in the achievement of the target of universal access to sexual and reproductive health. This goal remains unmet owing to a variety of structural shortcomings whose convergence limits the possibility of delivering high-quality health services to all women and young people in Argentina. Policies and programmes are not fully implemented or sufficiently monitored, which impedes their reach to those communities most in need and results in delivery gaps across geographic, economic and ethnic lines.

This shortcoming is evident in the failure to fulfil Argentina's Law 25.673 of 2002, which established the National Programme for Sexual Health and Responsible Procreation and mandated the provision of information and counselling on contraceptives, free access to contraceptives at all public health centres as well as through social security and private health-care entities; female reproductive cancer care and prevention; violence prevention and care of victims; and services for those with HIV/AIDS and sexually transmitted infections. This law was key for the implementation of the Programme of Action, and was supplemented in 2006 with National Law 26.150 on comprehensive sexuality education, creating the National Programme of Comprehensive Sexual Education, and Law 26.130 on the right to surgical contraception. Surgical contraception comprises tubal ligation and vasectomy. Neither law has been fully implemented. There is limited access to surgical contraception, with striking problems in its universal application throughout the country.

While there has been ample time and considerable pressure from civil society organizations such as Fundación para Estudio e Investigación de la Mujer to instate reproductive health, this has not been done in accordance with the law's specifications. Adolescents continue to be denied their right to comprehensive sexual education, which includes sexual health information and skill building that is crucial to healthy development, as well as access to sexual and reproductive health services. Although these services are meant to be provided uniformly and without discrimination across the country, their quality and reach vary dramatically at the subnational level. Implementation is very uneven, depending on the interest and political will of the provincial authorities, with varying levels of personnel training

and limited efficiency in providing access to services. Adolescents report widespread difficulty in accessing comprehensive sexual education and the services covered by the programme.

The ramifications of inadequate sexual education and related services are also manifest in the statistics on unintended adolescent pregnancy in Argentina, where adolescent fertility is on the rise, most notably in the poorer north-eastern and north-western regions of the country where the adolescent fertility rate is much higher. The United Nations Population Fund (UNFPA) reported an adolescent fertility rate of 34 per 1,000 women aged 15-19 in Buenos Aires city, versus 80 per 1,000 in the northern provinces of Chaco, Formosa, Misiones and Santiago del Estero.

It is also imperative to address the persistence of unacceptably high maternal mortality ratios, which undermine the commitment in the Programme of Action to reducing maternal mortality and the disparity between social sectors, as well as Millennium Development Goal 5 on improving maternal health. Even in light of significant underreporting in national statistics, there is a clearly demonstrated lag in halting maternal mortality. According to the National Ministry of Health in Argentina, the maternal mortality ratio for 2011 was 40 per 100,000 live births, though international agencies such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and UNFPA have indicated that widespread underreporting of abortion renders the ratio nearly double the official figure, at 77 per 100,000 live births.

To reach the established target by 2015, Argentina should have maintained an annual reduction of the maternal mortality ratio of 5.55 per cent, but the current official ratio indicates that maternal mortality will end up three times higher than the target. Complications related to unsafe abortion are still the main directly obstetric cause of maternal mortality. We therefore call for urgent attention to be given to addressing the causes of maternal mortality, unsafe abortion being chief among them. The Programme of Action urges countries to consider the health impact of unsafe abortion and conditions in the region demand such consideration. According to WHO, Latin America and the Caribbean have the highest unsafe abortion rate of any region in the world. Unsafe abortion remains the principal cause of maternal mortality in Argentina. Nearly 60,000 admissions to public hospitals in the country are reported each year due to complications related to unsafe abortion.

In Argentina, access to abortion is classified as a crime in article 86 of the Penal Code. There are two exceptions that permit abortion: to avoid a threat to the health of the mother, and when the pregnancy is the result of sexual assault. Despite the existence of these exceptions, women and girls have historically been denied legal and safe abortion in public and private health settings, with increasing obstacles enacted over the past three or four decades, and have had to resort to seeking legal authorization to proceed. The criminalization of abortion dissuades doctors from performing the procedure without a judicial mandate, even when the law legally permits it.

In 2012, the Supreme Court issued an additional ruling on abortion, clarifying that abortion was legal in all cases of rape and calling upon national, provincial and local authorities to elaborate appropriate protocols for the provision of legal abortion and comprehensive care to victims of sexual violence. Despite this ruling, the National Ministry of Health did not take action to disseminate public policy that would ensure the fulfilment of this right. In the absence of appropriate intervention

from the National Ministry of Health to correct this negligence, there is great variability in access between provinces. Women in the majority of provinces are denied legal abortions in their own provinces, as demonstrated by recent cases in Tucumán and Entre Rios in which women were forced to travel long distances to Buenos Aires city to access abortion care that should have been provided in their home provinces, causing delays and unnecessary distress that put their lives and health at risk.

Another phenomenon that Fundación para Estudio e Investigación de la Mujer has historically worked to combat, and one that again reflects the sizeable gap between legislation and implementation, is gender-based violence. While the Programme of Action underscores that the elimination of violence against women is a cornerstone of development, the number of cases in Latin America and the Caribbean remains staggering. According to the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), of the 25 countries in the world that are high or very high in the United Nations ranking of femicides (killings of women based on their gender), more than half are in the Americas.

As noted with regard to access to sexual and reproductive health, violence persists despite a relatively strong regulatory framework. For example, even with Argentina's Law 26.485 to prevent, punish and eradicate violence against women (2009) and a 2012 modification to the Penal Code that classified femicide as aggravated homicide, a 2013 study by civil society found that a woman dies from gender-based violence every 35 hours in Argentina. The prevailing gap between legislation and its effective application makes it difficult to disrupt current trends in violence against women and girls and such violence, including often-overlooked forms such as sexual abuse and harassment, persists.

To address this situation in Argentina and in similar contexts throughout the world, the implementation of the Programme of Action of the International Conference on Population and Development needs to continue after 2015. Governments must reaffirm the importance of the Programme of Action and its potential to markedly uplift the health and well-being of women and girls. In order to achieve ample realization of women's and girls' sexual and reproductive rights and their right to live free of all forms of violence, as Governments prepare a new development plan, they must not consider the Programme of Action merely as an unfulfilled platform. Instead, the goals delineated in the Programme of Action must be incorporated with specificity and continuity into the post-2015 development agenda. A commitment to building upon, rather than discarding, the Cairo vision is essential to achieving the full range of women's human rights in the post-2015 period.

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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Endeavour Forum, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21125 (E) 230114

Please recycle

Statement

The Executive Summary of the publication *Born Too Soon: The Global Action Report on Preterm Birth* was released at the 2013 World Health Assembly by the World Health Organization (WHO) in Geneva. This report was authored by 45 international experts from 26 organizations and 11 countries, with assistance from over 40 supporting organizations including Women Deliver, Canada; the United Nations Population Fund (UNFPA); the United Nations Children's Fund (UNICEF); and the United States Agency for International Development (USAID). In the report we learn that globally, 15 million babies are born too soon, every year. That means that more than 1 child in 10 is born prematurely every year, affecting families all around the world. Over 1 million of these children die from complications of preterm birth.

It is staggering how, in our world of advanced medical technology, these huge numbers exist, and that the already enormous number of children born too early is increasing at an alarming rate. Preterm birth may result in a lifetime of disabilities for many of these children, including blindness, deafness, respiratory complications and brain damage, as well as cerebral palsy. The report urges an accelerated effort to prevent and intervene to lower preterm birth rates.

Yet it is disheartening that the report totally disregards a mountain of studies on a huge and significant risk factor resulting in preterm births. It is outrageous that not one word is mentioned in the report regarding the research published in peer-reviewed medical journals linking abortion to preterm births. There are not two or three, but 140 credible studies from 34 different countries connecting abortion to premature births in subsequent pregnancies. Studies reveal that one abortion increases the risk by over 36 per cent and two or more abortions increase the risk of preterm birth by 93 per cent. This is settled science.

The Programme of Action of the International Conference on Population and Development calls for improvements in infant and maternal health. It also urges Governments to help women avoid induced abortion and to aid women who have had abortions. However, the international community has neglected to address the inherent risks of legal abortion to women's mental and reproductive health. This failure may hinder the achievement of maternal health objectives. Induced abortion, whether legal or illegal, poses both short- and long-term risks to the physical and mental health of women and their future pregnancies. It can also seriously affect women's emotional and spiritual well-being. These risks are compounded when abortion is legalized, available on demand as a means of birth control or promoted in countries with poor maternal health care.

The risks of abortion

Surgical abortion is an intrusive procedure that violently interrupts a natural biological process. Not one study states that this is beneficial for women's reproductive health. On the contrary, documented complications include haemorrhage, infection, cervical damage, uterine perforation, pelvic inflammatory disease, retained foetal or placental tissue and death. Some of these complications can affect future fertility. Chemical- or medication- (i.e., drug-) induced abortion using mifepristone together with a prostaglandin, usually misoprostol, poses its own risks to the health of pregnant women. Complications resulting from the use of this

chemical include haemorrhage, infection, rupture of undiagnosed ectopic pregnancy and incomplete abortion (often requiring surgical follow-up) and have sometimes led to death.

A large 2009 study published in *Obstetrics & Gynecology* determined that chemical abortions led to significant adverse events in 20 per cent of cases — almost four times the rate of immediate complications of surgical abortions. A 2011 study of mifepristone in Australia compared the complications of first-trimester chemical abortion and first-trimester surgical abortion. Women who underwent drug-induced abortions were 14 times more likely to be subsequently admitted to a hospital and 28 times more likely to require follow-up surgery. The risk increased when chemical abortions were performed in the second trimester: 33 per cent of cases required surgical intervention.

Long-term risks

Abortion can hinder future reproductive progress. Legal abortion substantially increases the risk of subsequent preterm birth, which seriously threatens the lives and health of newborn infants. In 2009, a meta-analysis of 22 different studies found a 36 per cent increased risk of preterm birth after one abortion. The risk of premature delivery in future pregnancies increases with each additional abortion. Physiological and epidemiological evidence also reveal that abortion can leave a woman with more cancer-vulnerable breast tissue. Dozens of studies indicate that abortion increases a woman's risk of breast cancer. A 1996 meta-analysis found a 30 per cent increase in breast cancer risk among post-abortion women.

In addition to the risks to a woman's physical health, abortion can have negative psychosocial consequences. A 2011 meta-analysis published in the *British Journal of Psychiatry* found an 81 per cent increased risk of mental health problems among women who had undergone abortions; nearly 10 per cent of the incidence of psychological problems was directly attributable to abortion. These problems included anxiety, depression, alcohol abuse, drug abuse and suicidal behaviour. A large-scale study in Finland found that the suicide rate following abortion was nearly six times greater than the suicide rate following childbirth. Conversely, although abortion is sometimes justified on the basis of mental health, a 2013 study in the *Australian and New Zealand Journal of Psychiatry* concluded that the termination of unintended pregnancies had no therapeutic psychological benefit.

Abortion in the developing world

There is a big push by some non-governmental organizations (NGOs) and United Nations agencies to legalize abortion on demand in developing States. However, the inherent dangers of abortion are compounded when basic maternal health care is unavailable or inadequate. The legalization or promotion of elective abortion is thus far more dangerous to women in the developing world. For example, the frequent complications of non-surgical abortion require a medical infrastructure (including ultrasound equipment, blood transfusions and surgical capability) that is often lacking in the developing world. And the use of misoprostol alone only increases the risk of incomplete abortion. The use of these methods

threatens the lives and health of women and their children, and must not be facilitated.

Many in the international community argue that legalized abortion is necessary to reduce maternal deaths in the developing world. But evidence from many different countries shows that the incidence of maternal mortality is really due to inadequate emergency and obstetrical care, no access to transportation for pregnant mothers to access maternal care and poor health conditions. Pregnant women in developing nations need clean water, nutrition, basic infrastructure and access to real maternal health care, not abortions. The promotion or legalization of abortion does not solve the problem of poor maternal health care in the developing world; it only worsens it for women, children and families. It will increase the number of abortions, which only puts the lives of more women and children in jeopardy.

Conclusion

The Programme of Action of the International Conference on Population and Development states that Governments should act to improve the health of mothers and children. However, this effort will remain limited if the consequences of abortion to women's health are ignored.

Most women are pressured to have abortions by boyfriends, parents and others. Most women are told it is not a baby, but a clump of tissue. Induced abortion, whether legal or illegal, is the greatest crime against humanity in our generation. It is not a woman's rights issue, but a human rights issue. We must protect the youngest, weakest members of the human race, no matter how small or where they temporarily reside.

Therefore, we urge the Commission on Population and Development to support our efforts to bring awareness and education to the forefront on how damaging abortion really is to pregnant women and children. We call on you to investigate these truths. Abortion is not a safe procedure, and it is not a black and white issue. It is blood red. It contravenes the Universal Declaration of Human Rights and the Convention on the Rights of the Child.

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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Shirkat Gah Women's Resource Centre, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21148 (E) 230114

Please recycle

Statement

Shirkat Gah Women's Resource Centre, a feminist collective working since 1975 for women's rights and social justice in Pakistan, has been proactively monitoring the State's initiatives to fulfil its commitments under the Programme of Action of the International Conference on Population and Development and Millennium Development Goal 5. The present statement summarizes key points.

The maternal mortality ratio in Pakistan is 276, according to the Pakistan Demographic and Health Survey, 2006-2007. Access to emergency obstetric and post-partum care is poor and only 56 per cent of women are able to access antenatal care. A host of factors such as distance, transport, cost, permission and/or escort and knowledge of options come into play.

Hospital-based data from 2013 show that 700,000 women in Pakistan have post-abortion complications annually. Our research and experience indicate that most abortions take place in clandestine settings and that this figure is just the tip of the iceberg. Women often resort to unsafe abortion because of the lack of reproductive choices and family planning services and commodities. Abortions account for 6 per cent of maternal deaths and are often used for family planning. Unmarried women are at higher risk of suicide and death and morbidity following unsafe abortion resulting from the social stigmatization of pregnancy.

The contraceptive prevalence rate in Pakistan is 30 per cent and the burden of family planning largely lies with women. The social norm is large families, exacerbated by the social imperative to produce sons. Early marriage, women's and girls' low status in society, and limited female education and employment opportunities all contribute to low contraceptive use and high fertility rates. Awareness of family planning is disseminated by word of mouth and by lady health workers, the media, etc., but increasing demand is not being met with an increase in supply. Lady health workers are appreciated because they provide services at the doorstep, but they are limited to providing pills and condoms, indicating a dearth of commodities and choices.

Reproductive health services are not available to adolescents, especially in rural settings, owing to lack of trained providers and because of social and cultural barriers. No component of health education or awareness-raising specifically addresses adolescents.

Early marriage is prevalent and data suggest a correlation with maternal mortality. Shirkat Gah's published research in Sindh found an average age at marriage of between 12 and 14 for girls; 18 per cent of Pakistani women have had their first baby by the age of 18.

Evidence shows a positive correlation between girls' secondary education and reproductive health outcomes and yet, according to UNICEF, 77 per cent of girls drop out of schools after the primary level.

Violence against women is critically related to the reproductive well-being of women. In Pakistan, media reports revealed that there were 65,316 cases of such violence between 2008 and 2011 but, owing to a lack of data collection mechanisms and the stigma associated with openly sharing and reporting domestic violence, these figures grossly underrepresent the reality. Besides domestic violence, reports of sexual violence and harassment, honour killings, early and/or forced marriages,

social and economic deprivation and psychological torture emerge every day and are documented in various research reports by Shirkat Gah. Sexual minorities continue to suffer violence, social stigmatization and marginalization and remain deprived of opportunities and rights.

These alarming statistics are among the worst in South Asia. The outcome document of the Sixth Asia and Pacific Population Conference, held in 2013 in Bangkok, endorsed by Pakistan, contains progressive language on sexual and reproductive health and rights, but robust commitment and political will by the Government are required to bring about tangible changes in the current status of those rights.

On 30 December 2013 Shirkat Gah held a national consultation of 35 civil society organizations and various rights activists, elected representatives and government officials. Civil society shared its concerns and advocated for bringing sexual and reproductive health and rights issues to the forefront in the post-2015 development agenda and representing these concerns at the review of the Programme of Action of the International Conference on Population and Development to be held in 2014. The participants agreed that reproductive health and rights were fundamental human rights, and endorsed the following recommendations addressed to the State, which reflect Shirkat Gah's own findings. The Government of Pakistan should:

- Apply the human rights framework to address the stagnating sexual and reproductive health rights indicators and work proactively to provide universal access to sexual and reproductive health, while upholding the rights and dignity of citizens
- Create an enabling socioeconomic and political environment for women within an equality and equity framework to enable women to fully access and exercise their rights
- Adopt a comprehensive approach to ensuring access to information and affordable and quality care at all stages of a woman's lifecycle and across locations (home, community and health facilities)
- Support safe delivery for all births at home and in institutions by an effective referral system, including emergency obstetric care through registered, trained traditional birth attendants
- Build awareness among service providers of the importance of young people's health needs, such as client-centred counselling and health care, and their capacity to meet such needs
- Formulate adolescent-sensitive health programmes, e.g., institutionalizing life skills-based education
- Adopt a coherent information dissemination policy for the Health and Population Welfare Departments
- Increase funding for health and population policies and programmes
- Institutionalize maternal death surveillance and monitoring systems and annual reporting
- Introduce national and provincial policies on post-abortion care

- Ensure the availability of affordable essential and non-essential drugs and regulate the quality, uniformity and accountability of services and the pricing systems of the private sector
- Address the social determinants of health that impede women's access to quality reproductive health services. A strongly patriarchal society, deep-rooted discriminatory attitudes, violence and fear of violence, harmful traditional practices and parallel legal systems are all deterrents to achieving the goals outlined in the Programme of Action
- Adopt policies with an integrated and multisectoral approach to overcome viewing sexual and reproductive health and rights in isolation, including socioeconomic and political factors, urbanization, migration and the environment; ensure equitable sharing of benefits of sustainable economic development
- Strengthen health system governance to ensure accountability and transparency mechanisms at the central and implementation levels by ensuring that the bureaucracy and the technocracy work in unison; prioritizing the principles of health equity and evidence-based decision-making; and identifying weaknesses in policy, planning, health information and monitoring units to increase their effectiveness

Recommendations in the context of devolution of the Ministries of Health and Population Welfare

For clarity and consistency, the Government should design one national population policy framework in consultation with the provinces, civil society, academia, the private sector and other stakeholders that defines the relationship between the federal and the provincial governments for the execution and implementation of the Population Welfare Programme and the relationship between provincial components of the countrywide Population Welfare Programme. Other essential components of the framework should be:

- Continuation of the Population Welfare Programme as a priority at the provincial level
- Allocation of adequate resources for the recurrent and expansion costs of the Programme
- Development and adoption of provincial population policies within a stipulated time to ensure that the Programme continues without any setback after the stoppage of federal funding in June 2015. The policies must be in line with the national commitments to the Programme of Action of the International Conference on Population and Development and should be the basis of a national plan of action for reproductive health. One possible mechanism for coordination could be the revitalization of the Pakistan National Commission on Population as well as development of provincial commissions
- Carrying out of the much-delayed census to assess the impact of policy implementation
- Building upon the commendable work of the technical wing of the former Ministry of Population Welfare, the Directorate of Clinical/Non-clinical

Training and its allied regional training institutes, and the population welfare training institutes to ensure a constant supply of skilled personnel, through competency-based training

In conclusion, we call upon the Government of Pakistan to address the issues around health system governance so that reproductive health rights can be accessed by all without fear and discrimination and holistic health and population policies and laws are implemented effectively. We also urge the Government to fulfil its international commitments related to women's rights, health and well-being, namely the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

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Statement submitted by Society for the Protection of Unborn Children, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21154 (E) 240114

Please recycle

Statement

The Programme of Action of the International Conference on Population and Development calls attention to the importance of the girl child. It notes that gender discrimination begins at the earliest stages of life (para. 4.15) and urges Governments to take measures to combat this discrimination (para. 4.23). Yet sex-selective abortion has likely become more prevalent in the years since the Programme of Action was adopted.

Multiple techniques are now used to ascertain the sex of a child before birth. These sex-determination methods, especially ultrasound, have become much more widespread. In cultures in which sons are preferred over daughters and abortion is considered an acceptable option, the availability of prenatal sex determination leads to prenatal sex selection. Girl children in utero are killed because of their gender. Son preference can also lead to female infanticide.

Sex-selective abortion is more prevalent in some parts of the world than others. This is usually reflected in a skewed birth ratio of males to females. In some of these areas, the sex ratio has become more unbalanced since the International Conference on Population and Development in 1994, suggesting that the use of sex selection in these areas has increased. Population control policies can significantly exacerbate this form of discrimination.

Sex-selective abortion and infanticide are deeply problematic. They are the killing of human beings before or shortly after birth solely on the basis of gender. They reflect an unjust cultural preference for male children over female children. And they alter the gender balance of society, resulting in very serious demographic and social problems, including the trafficking of women. Ending sex selection is necessary to ensure the equality of women and the welfare of society. Therefore, States Members of the Commission on Population and Development should take measures to reduce the bias in favour of sons and the killing of female children.

The Programme of Action indicates that the practices of prenatal sex selection and female infanticide reflect a harmful son preference (para. 4.15) and states that these forms of discrimination should be eliminated (para. 4.16 (a)). Governments should take steps to prevent sex-selective abortion and infanticide (para. 4.23). These important recommendations have been largely neglected. It is time for them to be put into action.

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Statement submitted by Federation for Women and Family Planning, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21160 (E) 240114

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Statement

The Federation for Women and Family Planning welcomes the priority theme of the forty-seventh session of the Commission on Population and Development, "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development". Aware of the significance of the International Conference on Population and Development, held in Cairo in 1994, its 20-year-old Programme of Action and its emphasis on the interrelationships between population, sustained economic growth and sustainable development, economic status and the empowerment of women, we would like to reflect on the progress made and the challenges encountered.

We call upon Governments to move the discussion beyond maternal and reproductive health. It is time to recognize and guarantee the full package of sexual and reproductive health and rights as a fundamental part of a reaffirmed and expanded Programme of Action.

Central and Eastern Europe is a difficult region to classify. Political and economic transformation took place over 20 years ago, yet the reality remains complex and characterized by vast disparities as the region continues to struggle with growing inequality, the consequences of the financial crisis and the redirection of major donor funds towards other regions in the last decade. The region, which includes members of the European Union, States in the Caucasus, Balkan States and other countries, remains stuck between the Global North and Global South. The substantial growth of religious extremism troubles the region and poses a major challenge to the realization of the sexual and reproductive health and rights of women and girls. The significant influence of conservative forces on Members of Parliament throughout the region has resulted in multiple, often successful, attempts to further limit women's and young people's reproductive rights and their access to basic reproductive health services.

If the extremism throughout Central and Eastern Europe is combined with other factors, such as lack of political will and a commitment to address these issues, the burden of transformation and the financial crisis, as well as the insufficient capacity of a civil society still in development, the picture hardly resembles the Western European reality. Not surprisingly, the region has the highest subregional abortion rate in the world, at 43 per 1,000 women, according to the United Nations Population Fund (UNFPA). Many of the countries have not fully used the opportunity offered by the Programme of Action to enhance the lives of their citizens.

The Programme of Action calls for the promotion to the fullest extent of the health of young people and the provision of services that are of good quality and sensitive to their needs and that safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent (paras. 6.7 (a), 6.7 (b), 6.15, 7.45). However, the growing wave of extremism has substantially affected the status of the implementation of the Programme of Action in the region in recent years. Radical conservative forces have successfully opposed the introduction of comprehensive sexuality education, subsidized contraception, access to legal and safe abortion and other reproductive health services. Women and young people face countless obstacles in exercising their reproductive rights and accessing reproductive health services. They are denied the basic right to understand and control their own

fertility, which results in forced parenthood and causes intersectional discrimination. They are not able to prevent unwanted pregnancies, plan to provide for their families or themselves, reduce the risks of work or school dropout or protect themselves from sexually transmitted infections, including HIV. Unintended pregnancies for girls mean the end of education and future income generation, which drastically increases their risk of poverty, often accompanied by stigma and social exclusion. In far too many cases they lead to unsafe abortions that threaten their health or life. The suffering of women and girls from vulnerable groups is even more dramatic.

The lack of comprehensive sexuality education is the most burning issue concerning youth in the region and is reflected in adolescent pregnancy rates and high HIV/AIDS incidence among them. Despite the wide availability of World Health Organization (WHO) standards on comprehensive sexuality education, according to the WHO Regional Office, the standards have not been implemented in any of the countries of the region. Today's adolescents and young people are left alone to struggle with the increasing pressure regarding sex with, on the one hand, conflicting norms and widespread misconceptions, fears, discrimination and gender stereotypes and, on the other, a lack of youth-friendly sources of reliable information on matters of sexuality, protection from sexually transmitted infections and prevention of sexual violence. This reality and its harmful consequences are preventable to a large extent.

The ongoing review process of the International Conference on Population and Development beyond 2014 indicates that there is still much work to be done to achieve universal access to reproductive health and rights and to ensure the well-being of women and girls. In 2010 the General Assembly adopted resolution 65/234 in which decided to extend the Programme of Action beyond 2014. It is crucial to use this time to reflect on the changes and developments of the last 20 years, as well as to respond to the new, burning issues that emerged during that time. The regional and thematic review conferences held worldwide have provided an excellent source of information on the current status of implementation of the Programme of Action and have formulated recommendations for the move forward.

There has been growing understanding that it is crucial to include guarantees for sexual health and rights. The forward-looking agendas developed at the Global Youth Forum and other conferences embrace the right of all persons to take free, informed, voluntary and responsible decisions on their sexuality. The second recurring issue has been the need to guarantee universal access to legal and safe abortion. The Programme of Action states that termination of pregnancy should be safe in cases where it is legal (para. 8.25). It also urges all Governments to strengthen their commitment to women's health and to deal with the health impact of unsafe abortion as a major public health concern (ibid.). According to WHO, any illegal abortion is unsafe by definition. Sadly, it is the forced reality for many women in Central and Eastern Europe, particularly in Poland. Furthermore, it has been clear that penalization of the procedure does not reduce the number of abortions; instead, it results in higher maternal mortality and morbidity. Therefore, the extension of the Programme of Action needs to address the rights of women who need abortions where it is not legal by calling for the decriminalization of this health procedure. In this regard, it should be recalled that the Montevideo Consensus on Population and Development, adopted by the Regional Conference on Population and Development in Latin America and the Caribbean in August 2013, urges States

to consider amending their laws, regulations, strategies and public policies relating to the voluntary termination of pregnancy (para. 42) and the Declaration adopted at the Global Youth Forum held in Bali, Indonesia, in 2012 calls upon Governments to decriminalize abortion, and to create and implement policies and programmes that ensure that young women have access to safe and legal abortion and pre- and post-abortion services, without mandatory waiting periods, requirements for parental and spousal notification and/or consent or stipulated age of consent.

No progress can be made without achieving gender equality and women's empowerment. However, these are impossible without universal recognition of sexual and reproductive rights and universal access to sexual and reproductive health, with particular focus on women and young people. Women are half the world's population and today's youth is the largest generation of young people that ever lived on our planet. Guaranteeing the fundamental rights of these groups and securing funds to improve the current situation globally are essential components of achieving substantial improvement in other aspects of development, including education, health, inequality, violence and poverty reduction. The reaffirmed and expanded Programme of Action must have a gender perspective and recognize that being able to make free, independent reproductive choices is key to opening all the development doors.

We urge the States Members of the United Nations to take the following actions:

- Reaffirm the Programme of Action of the International Conference on Population and Development and adapt policies with respect to reproductive rights and sexual rights
- Realize the highest attainable standard of sexual and reproductive health by ensuring comprehensive sexuality education in schools, developing and supporting youth-friendly services, ensuring access to safe and legal abortion and ensuring access to affordable methods of modern contraception
- Ensure continued, committed and sustained investments in women's sexual and reproductive health and rights
- Guarantee the right to sexual and reproductive health and sexual and reproductive rights, especially those of adolescents, marginalized groups of women and those with diverse sexual orientation and gender identities
- Collect data disaggregated by gender and age on sexual and reproductive health and rights in order to support adequate progress assessment

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Commission on Population and Development
Forty-seventh session
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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Women's Global Network for Reproductive Rights, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21273 (E) 280114

Please recycle

Statement

The present statement is submitted by Women's Global Network for Reproductive Rights, which represents more than 1,000 organizations and individuals from 73 countries, working towards the fulfilment of sexual and reproductive health and rights for all, with a specific focus on the rights of women and girls.

While recognizing the substantial progress made over the past 20 years in the implementation of the Programme of Action of the International Conference on Population and Development, including the recognition of sexual and reproductive rights as human rights, their inclusion as part of many national, regional and international policy frameworks and the development of public policies allowing better access to sexual and reproductive health in the world, such progress has not been universal and many countries are still failing to meet targets set out in the original Programme of Action.

We continue to see a high correlation between countries that have failed to fully implement the Programme of Action and poverty and child and maternal mortality. There is a lack of real commitment to ensure the right of women and girls to decide upon all aspects of their reproductive health, including the right to choose whether to continue or end a pregnancy. An estimated 47,000 women die each year owing to unsafe abortion, accounting for an estimated 13 per cent of maternal deaths worldwide. Five million women are hospitalized each year for the treatment of abortion-related complications, such as haemorrhage and sepsis. Almost all abortion-related deaths occur in developing countries, with the highest number in Africa, followed by Asia and Latin America.

Access to safe and legal abortion is a human right. When Governments deny this basic women's right, they are endorsing and tolerating institutional violence against women.

Since 1994, when 179 Governments signed the Programme of Action, signalling their commitment to preventing unsafe abortion, more than 25 countries worldwide have liberalized their abortion laws. However, seven countries in Latin America and the Caribbean — Chile, the Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua and Suriname — along with the Philippines in Asia and Malta in Europe still prohibit access to abortion under all circumstances, even to save a woman's life, and nearly 80 other countries maintain severely restrictive laws on abortion.

Most countries with severe abortion laws are in the global South. Even though access to safe and legal abortion was achieved in most of the industrialized countries of Europe and North America during the period of liberal reforms between 1950 and 1985, a number of worrying trends and challenges, representative of the ongoing rise of religious, political and economic extremism, is resulting in the imposition of restrictive measures that deny women access to affordable abortion services.

As a result of both the lack of commitment by Governments to create progressive legal frameworks to address unsafe abortion and the restriction of access to safe abortion owing to pressure by conservative lobbies, women and girls suffer grave human rights violations, as described below.

Maternal mortality and morbidity

The criminalization of abortion forces women to carry unwanted pregnancies, even in cases that result from rape or pose a threat to health and life, amounting to torture, as noted by international human rights bodies. In other cases, such illegality has pushed women to resort to unsafe services, thereby putting their lives and personal integrity at risk.

Injustice

Women and girls are regularly stigmatized and criminalized and many have lost their freedom. Such cases have been documented in Brazil, El Salvador and Mexico, where women and adolescent girls have been reported to the authorities by the service providers attending to them for complications from unsafe abortions, spontaneous abortions, premature birth, still birth or other obstetric emergencies. In some cases, after facing a repressive justice system that violates the presumption of innocence, women have been given the most severe penalties, ranging from 20 to 40 years in prison.

Stigma and discrimination

Young, poor and unmarried women are disproportionately affected by the criminalization of abortion. When they terminate a pregnancy, they do so in high-risk situations, making such criminalization an issue of social injustice deeply rooted in discrimination based, for example, on economics, ethnicity, race, class and immigration status. The stigma that surrounds abortion and women's human rights defenders working towards abortion rights contributes to the social, medical and legal marginalization of abortion. As a result, advocates of abortion rights have been harassed and criminalized simply because they have challenged a patriarchal system that suppresses women's rights.

Governments need to address the failures of the past 20 years and initiate a holistic, forward-looking and relevant post-2015 development agenda. We believe that sexual and reproductive health and rights must be central to the goals and targets and must go beyond a very narrow reflection of these rights as "maternal health care" or "reproductive health" issues. Human rights must explicitly be referenced, with the understanding that any meaningful effort towards sustainable development must posit people as the drivers of development rather than as passive receivers of aid priorities and programming.

We hold the Governments accountable to their existing commitments and continue to take action to ensure that national policies effectively guarantee access to safe, legal, affordable, accessible, high-quality and youth-friendly abortion services, along with information about how to locate and access such services.

In light of the urgency of addressing the denial of access to safe and legal abortion as a human rights violation, with reference to the assessment of the status of implementation of the Programme of Action, the Network calls for the following:

(a) The Commission should recall the commitments made 20 years ago and consider the failure of the States parties to meet those commitments, including with regard to the omission from the agenda of access to safe and legal abortion. Such access is called for in other international commitments, such as the Convention on the Elimination of All Forms of Discrimination against Women, the International

Covenant on Economic, Social and Cultural Rights and other international human rights treaties;

(b) The resolution should recommend the inclusion of access to safe and legal abortion as a human right and emphasize the inclusion of sexual and reproductive health and rights as the core principles of the new development agenda;

(c) The following demands around access to safe and legal abortion should be reflected in the new development agenda:

(i) Decriminalize abortion and remove all legal and implementation barriers to ensure access to safe, comprehensive, free and high-quality procedures for pregnancy termination, without requirements for spousal or parental consent;

(ii) Immediately release young people and women incarcerated owing to the criminalization of abortion and put an end to such criminalization, especially in countries where the prohibition is absolute;

(iii) Provide accurate and scientifically sound information on access to safe and legal abortion to the entire population, without discrimination, and take steps to limit the stigma and misinformation relating to abortion;

(iv) Remove sociocultural barriers that reinforce gender stereotypes about motherhood and that stigmatize women and girls, preventing them from free and informed decisions about their sexuality and their own bodies;

(v) Ensure that HIV programming includes a sexual and reproductive health and rights perspective and gives women choice in treatment options, including whether to continue a pregnancy;

(vi) Ensure access to comprehensive sexuality education that is gender sensitive and life skills-based in a manner consistent with the evolving capacity of adolescents and young people;

(vii) Ensure universal access to a wide variety of high-quality contraception, including emergency contraception, that is user-friendly and appropriate to the needs of girls, adolescents and women, while ensuring confidentiality;

(d) The assessment process should also reflect on the role played by women's human rights defenders, call for an end to the harassment, criminalization and aggression aimed at sexual and reproductive health and rights advocates and ensure the security and integrity of women's rights defenders threatened by repressive mechanisms of the State or by civil groups that promote hatred and fundamentalism.

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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Center for Reproductive Rights, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21306 (E) 240114

Please recycle

Statement

As States at the United Nations negotiate a post-2015 development agenda that will shape development assistance for the next 20 years, they should ensure that human rights, including reproductive rights, are an essential part of that framework. Over the past 20 years, the Programme of Action of the International Conference on Population and Development has led to many advancements in achieving women's reproductive rights, including increased recognition in the international human rights framework that States must respect, protect and fulfil a wide range of reproductive rights. These rights must continue to provide guidance to States in their implementation of the Programme of Action and should also serve as a guide for integrating reproductive rights into the post-2015 development agenda.

Since the Programme of Action was adopted in 1994, international human rights norms have recognized that reproductive rights are a key component of women's right to equality, clarifying that violations of reproductive rights are primarily manifestations of discrimination, poverty and violence. Where women's rights to equality and non-discrimination are not fulfilled, women's ability to access reproductive health services and make meaningful choices about reproduction is limited. Conversely, where women are unable to access reproductive health services, the inequalities and discrimination they face are exacerbated owing to the differentiated impact that childbearing has on women's health and lives. Women face unique, gender-specific barriers to the realization of their rights, which result from discrimination; stereotypes about women as mothers, caregivers and childbearers; and traditional roles. While the Millennium Development Goals sought both to improve women's access to particular reproductive health services and to promote gender equality, these were viewed as two separate aims, which did not adequately account for these issues' interconnectedness and reinforcing nature. It is only by addressing these issues in tandem, as the Programme of Action has done, that true gender equality can be achieved and women can effectively exercise their reproductive rights.

Furthermore, as the Programme of Action recognizes, women may also face additional inequalities because of their race, ethnicity, socioeconomic status, disability status, HIV status or because of where they live, further limiting their opportunities for development. Where these specific barriers are not addressed, they prevent women's rights from being fulfilled and inhibit women's ability to achieve their development potential.

In addressing the interconnected nature of these issues, treaty monitoring bodies have made clear that guaranteeing women substantive equality is essential for ensuring the full range of women's rights. In its general recommendation No. 25, the Committee on the Elimination of Discrimination against Women noted that the Convention on the Elimination of All Forms of Discrimination against Women requires that women be given an equal start and that they be empowered by an enabling environment to achieve equality of results. It also noted that the position of women will not be improved as long as the underlying causes of discrimination against women, and of their inequality, are not effectively addressed. The Committee on Economic, Social and Cultural Rights, the Human Rights Committee, the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities have also endorsed this approach.

To be in line with international human rights norms, substantive equality should be a core component of all development frameworks. This would ensure women both equality of opportunity and equality of results. As such, development frameworks should address:

- Power structures: States should examine and address current societal power structures, including stereotypes about women, and analyse the role that gender plays within them;
- Potentially different treatment: States should recognize that equal treatment may not be sufficient to overcome inequalities, particularly when equal treatment disadvantages women;
- Structural change: States should change institutions in order to address the inequalities experienced by women, rather than requiring women to change to conform to a male norm;
- Equal outcomes: States should focus on equal outcomes for women, including for different groups of women, which may require positive measures, such as affirmative action and different treatment of men and women, to overcome historical discrimination and ensure that institutions uphold women's rights.

As a component of women's right to equality, States must also guarantee women access to a full range of reproductive health services, including comprehensive sexuality education, maternal health care, contraception and abortion. Treaty monitoring bodies have made clear that States must eliminate barriers to reproductive health services, including unnecessary restrictions, such as high costs, mandatory waiting periods and third-party authorization requirements, on services that only women need. States must also adopt policies and practices, including development policies and practices, that specifically address the barriers that women face to accessing reproductive health services and also proactively facilitate that access, recognizing that failure to do so is a violation of women's right to equality. These policies and practices should recognize the marginalized situation of women and seek to transcend historical discrimination, gender stereotypes and the traditional roles of women in the family and in society.

Finally, the post-2015 development agenda must ensure that there are accessible mechanisms for effective accountability. Human rights frameworks have already been established and proven effective at monitoring and assessing State compliance in transparent, international forums. International development commitments may also benefit from being linked to human rights monitoring and evaluation mechanisms, including courts, independent institutions such as ombudspersons, and political monitoring bodies at the local and national levels, as well as United Nations treaty monitoring bodies, United Nations special procedures and human rights-based intergovernmental processes. By increasing accountability through the linkages between the human rights framework and the international development agenda, while recognizing the reinforcing nature of women's reproductive rights and their rights to equality and non-discrimination, the effectiveness of international commitments targeting the advancement of women will be greatly enhanced.

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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Advocates for Youth, Asian-Pacific Resource and Research Centre for Women, Awaz Centre for Development Services, Center for Health and Gender Equity, Equidad de Genero: Ciudadanía, Trabajo y Familia, Family Care International, Federation for Women and Family Planning, Fundación para Estudio e Investigacion de la Mujer, German Foundation for World Population, International Center for Research on Women, International Gay and Lesbian Human Rights Commission, International Planned Parenthood Federation, IPAS, Italian Association for Women in Development, Pathfinder International, Planned Parenthood Federation of America, Population Action International, Public Health Institute, Red de Salud de las Mujeres Latinoamericanas y del Caribe, Swedish Associatio[illegible] for Sexuality Education, Vaestoliitto — Family Federation of Finland, Women Deliver and Women and Modern World Centre, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2014/1.

14-21659 (E) 280114

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Statement

Inclusion of sexual and reproductive health and rights in the post-2015 development agenda

The organizations in consultative status with the Economic and Social Council participating in this statement welcome the decision of the General Assembly, in its resolution 65/234, to extend beyond 2014 the Programme of Action of the International Conference for Population and Development and the key actions for the further implementation of the Programme of Action, since progress to date has been uneven in some areas and much more remains to be done. It is important, however, that this extension ensure the full implementation of sexual and reproductive health and rights.

The full implementation of sexual and reproductive health and rights will require full inclusion in the international development agenda moving forward. We are mindful of the experience in 2000 when sexual and reproductive health failed to be included in the Millennium Development Goals and the fact that the omission was not rectified until 2007, with the introduction of the target on achieving universal access to reproductive health (Goal No. 5). We therefore request the Commission on Population and Development to urge that this subject be fully addressed at the 2014 annual ministerial review on addressing ongoing and emerging challenges for meeting the Millennium Development Goals in 2015 and for sustaining development gains in the future, to be held at the substantive session of the Economic and Social Council in July. This will provide an opportunity to promote the inclusion of sexual and reproductive health and rights in the post-2015 development agenda.

Sexual and reproductive health and rights are inalienable human rights, indivisible from the others, but they are not recognized as such and still remain a neglected cause in some countries because of their lack of acceptance as a crucial part of an individual's well-being and a central feature of human development. This situation has been further exacerbated by the splitting of the salient features of the sexual and reproductive health and rights agenda and by their incorporation, separately, into various development frameworks, thereby diminishing their importance as a development priority in their own right.

We would particularly like to highlight the importance of addressing the sexual and reproductive health and rights needs of young people, both in and out of school, who frequently lack access to sexual and reproductive health education, information and services. In many developing countries young people constitute a major portion of the population. Nevertheless, it is often assumed that boys and girls under 18 are too young for comprehensive sexuality education and sexual and reproductive health information and services; this ignores the realities and environmental factors and keeps young people from acquiring the practical knowledge and skills they need to protect themselves from abuse, exploitation and disease. Lack of knowledge regarding pubertal changes often produces feelings of guilt and confusion among adolescents. This in turn makes young people vulnerable to sexual violence and exploitation, unintended pregnancy, unsafe abortion and sexually transmitted infections. These are formative years, and the lack of necessary information and services translates into unhealthy behaviour and uncertainty in the transition to adulthood. Moreover, young people are key to transforming the existing

discriminatory social hierarchy and patriarchal norms and values that are an obstacle to development and to improving the status of women and girls.

While many countries are focusing more and more on women's empowerment, the role of sexual and reproductive health and rights is frequently not adequately addressed. This has contributed to the violation of the rights of women and girls, who have been constrained in making decisions affecting their own lives and have had their life choices reduced. In some countries, contraceptive use is extremely low, especially among married adolescents, and access to safe abortion is limited. Young women and girls are ill equipped to face livelihood-related demands, frequently experiencing domestic violence. High maternal mortality rates cannot be significantly reduced without addressing these root causes.

The often-repeated statement that sexual and reproductive health and rights are integral to poverty eradication and sustainable development needs due recognition in the development agenda. Synergy must be built into the International Conference on Population and Development process beyond 2014 and the post-2015 development agenda in order to devise stronger and more comprehensive development priorities for the coming years. This is a message that should also be forwarded to the annual ministerial review.

It was in Cairo that the linkages between population, poverty, health, education and the rights of individuals were forged. We must ensure that those linkages are not lost in the post-2015 development agenda and the process of adopting sustainable development goals.

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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Médecins du monde international, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21312 (E) 280114 310114

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Statement

Acting now for better access to contraception and safe and legal abortion

While there have been significant advances in the area of maternal health over the last 20 years, with a 47.87 per cent drop in the maternal mortality rate between 1990 and 2010, the goal of reducing the number of maternal deaths by 75 per cent outlined in the Programme of Action of the International Conference on Population and Development (Cairo Conference) will not be met. At the current rate, only 23 of the 181 countries concerned will honour their commitment by 2015 and Millennium Development Goal (MDG) 5 remains the most off-track.

The refusal of many Governments to address adequately the issue of unintended pregnancies is one of the possible reasons for the lack of progress. Unintended pregnancies are one of the main factors contributing to maternal morbidity and mortality. Every year, there are 80 million unwanted pregnancies in developing countries, which accounts for nearly 40 per cent of pregnancies worldwide. This effectively results in an increased number of high-risk pregnancies, especially relating to early and closely spaced pregnancies, and a high number of unsafe abortions. Close to 50,000 women die every year due to the complications of an unsafe abortion, representing 13 per cent of maternal deaths worldwide. Some 8 million women require medical attention for complications resulting from unsafe abortion; however, more than one third of them have never had access to adequate care.

Improving the prevention and treatment of unintended pregnancies clearly represents a major public health issue and is an indispensable approach for meeting goals in combating maternal mortality. Twenty years after the Cairo Conference, the United Nations agenda must provide the opportunity for Member States to recognize this fact and to make the necessary commitments in order to guarantee better access to contraception and safe and legal abortion.

Addressing unmet needs for family planning

The universal access to contraception promised in Cairo and at the United Nations Millennium Summit is far from a reality. Today, an estimated 222 million women who wish to avoid or delay pregnancy in developing countries still lack access to modern methods of contraception. While there have been international initiatives in recent years to promote family planning, the proportion of unmet needs in modern contraceptive methods has remained virtually unchanged across all developing countries over the last decade. Additional efforts are necessary and must be aimed more specifically at the most vulnerable adolescents who lack access to sexual education and contraception. Every year, more than 7 million young girls become mothers before the age of 18 and 2 million before the age of 15. Complications related to pregnancy or childbirth are one of the main causes of death among teenage girls in low-income countries.

Satisfying all unmet family-planning needs would have significant ramifications, reducing the number of unintended pregnancies by 54 million and the number of unsafe abortions by 16 million. To achieve this, the international community would have to agree to allocate more resources to family planning with a view to ensuring universal access, without coercion or discrimination, to quality

services that suit the needs of each individual, and in particular to comprehensive sexual education and a full range of modern contraceptive methods, including emergency contraception.

Defending the right to medical abortion

While investing in the prevention of unintended pregnancies is fundamental, universal access to modern contraception cannot be the only solution to the problem of unsafe abortions. One third of unintended pregnancies result from the improper use or failure of contraceptive methods, or simply from the non-availability of the chosen method. It is therefore essential that, in addition to contraception, women and girls have access to legal and safe abortion as necessary.

Today, more than half of the 40 million abortions performed every year are conducted in unsanitary conditions. Although more than 20 countries have liberalized their abortion laws over the past two decades, close to 40 per cent of women of childbearing age still live in countries with very restrictive legislation on abortion. It is important to note here that legally prohibiting abortion is not a deterrent. On the contrary, it poses a significant risk to the health of women who have no choice but to resort to illegal methods in order to terminate a pregnancy. From this perspective, liberalizing access to safe and legal abortion is an essential component of maternal mortality reduction policies.

During the special session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014, States should move beyond ideological opposition and regard the right to abortion as a practical and key part of the solution to a major public health issue. This would involve, as a first step, honouring the commitments made in the Programme of Action by striving to ensure that, in circumstances where abortion is not against the law, there is effective access to safe abortion (para. 8.25). This would also require countries that have not yet done so to consider decriminalizing and legalizing abortion. In Uruguay, the State opted to decriminalize abortion in 2012 in response to a vigorous campaign by health-care professionals and civil society organizations, in which Médecins du monde participated. This decision is a milestone for women's health in Uruguay and opens the way for universal and quality access to abortion services. In this crucial year for sexual and reproductive rights, other States should follow the example set by Uruguay.

Twenty years after the Cairo Conference, and one year before the expiry of the Millennium Development Goals, the special session of the General Assembly will be a turning point in defining the post-2015 development agenda. In a context of widespread questioning of women's sexual and reproductive rights, Médecins du monde calls on the international community to remain vigilant and demonstrate vision in reaffirming the importance of the basic right of all couples and individuals to decide freely and responsibly the number and spacing of their children. To ensure the full exercise of this right, better ways must be found to address key areas of the Programme of Action, in particular challenges in the prevention and treatment of unintended pregnancies.

Consequently, Médecins du monde makes the following recommendations to States:

- Ensure that sexual and reproductive health is made a priority objective in the post-2015 development agenda
- Significantly increase the resources allocated to fund sexual and reproductive health care and services
- Increase the proportion of official development assistance dedicated to sexual and reproductive health care and services
- Establish a monitoring and oversight mechanism to review annually the progress achieved in the field of sexual and reproductive health and rights
- Guarantee young people, whether in or out of school, universal access to comprehensive sexual education to help them take informed decisions on the subject, in line with gender equality and shared responsibilities
- Guarantee women and girls access to a wide range of modern contraceptive methods, including emergency contraception
- Remove legal and statutory barriers to accessing contraception and sexual and reproductive health information, such as mandatory parental consent and age and marital status-related restrictions
- Ensure free access to modern contraceptive methods, including long-term methods (such as the inter-uterine device (IUD), implants and voluntary sterilization)
- Guarantee access to a comprehensive range of quality services dispensed in a humane and caring manner, enabling all women and adolescent girls to benefit from medical treatment for a termination or for complications linked to an unsafe abortion
- Repeal laws and regulations which limit the full realization of the right to abortion, such as parental or spousal permission or statutory waiting periods
- Abolish laws containing punitive measures against women and adolescent girls who have undergone illegal abortions and release those held in detention, in accordance with paragraph 106 (k) of the Beijing Platform for Action
- Revise laws and policies to make abortion accessible and legal
- Ensure free access to safe and legal abortion services

For further information, refer to the file "Unsafe abortion: from denial to action" available in French and English from www.medecinsdumonde.org/Nos-Combats/Priorites-d-action/Promotion-de-la-sante-sexuelle-et-reproductive-SSR under the tab entitled "Plaidoyer".

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Statement submitted by International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2014/1.

14-21668 (E) 300114

Please recycle

Statement

The International Planned Parenthood Federation welcomes the priority theme of the forty-seventh session of the Commission on Population and Development.

Through its 152 member associations in over 170 countries, the International Planned Parenthood Federation strives for a world in which all women, men and young people have access to the sexual and reproductive health information and services they need; a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental right; a world in which choices are fully respected and where stigma and discrimination have no place.

Introduction

The International Conference on Population and Development was a milestone in the history of population and development. By demonstrating the interrelationships between population, sustained economic growth, health, education, economic status and women's empowerment, the Conference participants recognized the need to promote policies that support sustainable development. It was also the first time that world leaders recognized the concept of reproductive rights and committed to ensuring access to reproductive health, including sexual health, for all, without discrimination.

This is a significant year; as the operational review of the implementation of the goals of the International Conference on Population and Development draws to a close, 2014 presents an opportunity to reaffirm and reprioritize the issues emerging from the Conference. The Commission on Population and Development remains the primary platform for addressing and advancing these issues, and for holding Member States accountable for their implementation of the Programme of Action.

The International Planned Parenthood Federation calls on Member States to recognize that the five challenges identified below are priority areas for action to save lives, empower individuals and improve sustainable development outcomes. We urge Member States to work with civil society, communities, parliamentarians, the private sector and the international community to ensure that the necessary policies, resources and programmes are in place to realize the sexual and reproductive rights of individuals, ensuring access to information and services and that all individuals are empowered to make informed choices about their bodies, free from discrimination.

Challenges

Sexual rights and human rights

As stated in the Montevideo Consensus on Population and Development of 2013, sexual rights are fundamental to sustainable development. This includes the right to a safe and full sex life, the right to take free, informed, voluntary and responsible decisions on one's sexuality, sexual orientation and gender identity, without coercion, discrimination or violence, and the right to information and the means necessary to safeguard one's sexual and reproductive health. In many parts of the world, these rights are denied or not respected equitably.

Currently, one in three women have experienced violence, making gender-based violence one of the most pervasive human rights violations. Women

who have experienced violence tend to be more than twice as likely as non-abused women to have poor health, including reproductive health, and both physical and mental problems. They also have an increased risk of contracting sexually transmitted infections, including HIV.

Although 158 countries have implemented laws to increase the legal age of marriage to 18, an estimated 67 million girls are married before their eighteenth birthday. Ninety per cent of the 41 countries where early marriage affects more than 30 per cent of girls have expressed a commitment to address the issue, according to the United Nations Population Fund (UNFPA). Turning commitments into reality requires civil society, parliamentarians, legislators, communities and other stakeholders to implement policies that protect the sexual and human rights of girls and young women. Between 2005 and 2012, the International Planned Parenthood Federation contributed to 556 policy or legal changes in support of sexual and reproductive rights in 136 countries.

Access to family planning services

Throughout the world, disparities in income, geographic location and migration opportunities limit access to sexual and reproductive health services. Worldwide, 222 million women want to space or limit childbearing but cannot gain access to the contraceptives to do so. Meeting this need for contraceptives would avert 218 million unintended pregnancies in developing countries, which in turn would avert 55 million unplanned births, 138 million abortions (of which 40 million would be unsafe), 25 million miscarriages and 118,000 maternal deaths, according to the Guttmacher Institute. A failure to meet the need for sexual and reproductive health services and family planning contributes to mortality and morbidity and reduces women's social and economic participation. In 2012, the International Planned Parenthood Federation provided services to 45 million people, 80 per cent of whom were marginalized and underserved, including by providing 52.7 million contraceptive services, which averted 4.9 million unintended pregnancies. This demonstrates the critical role of civil society as a service provider, making available services to communities beyond the reach of health systems.

Access to abortion

According to the World Health Organization (WHO), every year 47,000 women die from undergoing unsafe abortions, and since 2003 the incidence of unsafe abortion has increased. Mortality from unsafe abortions accounts for 13 per cent of maternal deaths; it is one of the three leading causes of mortality. Removing legal and policy barriers in order to increase access to abortion services will have a huge impact on reducing maternal mortality and accelerating progress towards the achievement of Millennium Development Goal No. 5.

With few exceptions, most countries' criminal laws place restrictions on abortion. Service providers and women's lack of awareness of the legal status can severely limit access to related services. This places women seeking abortions at risk. Restrictive laws are not associated with lower abortion rates; they only lead to unsafe abortions. Restrictions mean that the well-off can buy safe services, while the poor resort to dangerous methods. The high cost of treating complications of unsafe abortions forces women and their families into even greater poverty. In addition to

the risks to women's health and lives, legal prohibitions on accessing abortion services can place women at risk of imprisonment.

The International Planned Parenthood Federation supports access to safe abortion services and promotes a woman's right to choose. In 2012 we successfully advocated for 20 national legislative and policy changes that increased access to safe and legal abortion services. Civil society has a vital role to play in monitoring and protecting the rights of individuals, and in working with Governments to ensure rights-based policies.

Adolescents and comprehensive sexuality education

The present generation of young people is the largest in history, presenting many opportunities for the future. However, today's adolescents face many challenges to their rights. Most young people in developing countries live in poverty and lack access to youth-friendly health-care services. Worldwide, one in five women has given birth by the age of 18, one in three in the poorest parts of the world. Half of new HIV infections occur among those aged 15-24; in sub-Saharan Africa, young women are three times more likely to be living with HIV than young men. Increasing access to youth-friendly sexual and reproductive health services and creating a policy and legislative environment that recognizes and protects the rights of young people and their access to comprehensive sexuality education will go a long way towards reducing the burden of ill-health and ensure that the next generation will be healthy, empowered and able to make informed life choices.

As stated in the Montevideo Consensus, comprehensive sexuality education should recognize the emotional dimension of human relationships and should respect the evolving capacity of the child and the informed decisions of adolescents and young people regarding their sexuality, using a participatory, intercultural, gender-sensitive and human rights approach. Comprehensive sexuality education should be provided in a diverse range of settings, including but not restricted to school, and recognize children and young people as the subjects of rights in accordance with their evolving capacity, as stated in the Convention on the Rights of the Child. The Declaration adopted at the Bali Global Youth Forum recommends that the rights of young people be upheld and be placed at the centre of the development agenda. Member States have an obligation to ensure that the social, economic, political, and sexual and reproductive health and rights of young people are addressed if the next generation is to be empowered to determine its own development outcomes. The International Planned Parenthood Federation contributes to this by having ensured that 4 out of 10 services provided in 2012 were to people under the age of 25.

Gender and discrimination

Investing in gender equality ensures healthier and more prosperous societies. When women have control over their bodies, access to education, decision-making roles and meaningful employment, and can live lives free of violence, they will be able to participate in the sustainable development of their communities. Addressing the root causes of inequality, aiming at gender parity at all levels and in all areas, is a means to eradicate poverty. The International Conference on Population and Development drew attention to the link between the position of women in society and their roles in marriage and relationships, sex and reproduction and how these

roles affect their health, wealth and well-being. Twenty years later, discrimination against women is still universal. Women generally earn less than men, and while 89.5 per cent of countries have legislation to support paid maternity leave, only 53.5 per cent have provisions for paternity leave, making it difficult to combine family and economic life.

In many parts of the world, moreover, individuals face discrimination, stigma and violence based on their sexual orientation and gender identity. Seventy-six countries have discriminatory laws that criminalize private, consensual same-sex relationships, exposing individuals to the risk of arrest, prosecution and imprisonment. In at least five of those countries, the death penalty is applicable. As recognized during the operational review, discrimination of any kind, including hate crimes, should be eradicated. The International Planned Parenthood Federation has developed and promoted a declaration of sexual rights, articulating principles that both rights holders and duty bearers must adhere to in order to build a world free from discrimination.

Conclusion

Moving beyond the International Conference on Population and Development review process, it is crucial that Governments continue to strengthen their efforts to ensure that all women and men, girls and boys, are empowered to make informed decisions about sex, relationships and reproduction. To make this happen, we call on Member States to implement the following three recommendations:

(a) Build on the successes of the International Conference on Population and Development operational review and prioritize the following issues in national policy, resource allocation and programming:

(i) Adolescents' access to sexual and reproductive health services and comprehensive sexuality education;

(ii) Access to contraception information, services and supplies and to safe and legal abortion services;

(iii) Universal access to sexual rights and reproductive rights, including measures to eliminate all forms of discrimination and violence based on gender identity or sexual orientation;

(iv) Gender equality and the empowerment of women;

(b) Prioritize sexual and reproductive health and rights under a health goal and a stand-alone gender goal in the post-2015 development agenda. It is only when sexual and reproductive rights are realized and women and girls have control over their futures and bodies that development will be truly sustainable and meaningful;

(c) Ensure that national and regional accountability mechanisms, with clear time-bound targets, to oversee the fulfilment of the outcomes of the operational review of the implementation of the Programme of Action of the International Conference on Population and Development are put in place, with a clear time frame.

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General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Planned Parenthood Federation of America, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN 9/2014/1.

14-21674 (E) 280114

Please recycle

Statement

Inclusion of universal access to sexual and reproductive health and rights in the International Conference on Population and Development process beyond 2014 and the post-2015 development agenda

The International Conference on Population and Development took place in Cairo in 1994 and was a landmark in approaching population and development from the perspective of human rights and improving sexual and reproductive health and rights across the world. A total of 179 countries pledged, among other things, to reduce maternal mortality, fight HIV/AIDS and improve people's access to family planning. Although none of the Millennium Development Goals explicitly mentions sexual and reproductive health and rights, elements are included under Goal No. 5 (maternal mortality) and Goal No. 6 (HIV/AIDS and other diseases).

Today, nearly 20 years later, the Programme of Action adopted at the International Conference is being reviewed. The coming two years are crucial to strengthen the Conference process beyond 2014 and to ensure inclusion of sexual and reproductive health and rights in the post-2015 development agenda. Despite progress in some areas, the past 20 years have shown that sexual and reproductive health and rights have to be tackled in their entirety, universally and in an integrated manner.

As a non-governmental organization working on sexual and reproductive health and rights in Africa, Asia and Europe, we advocate for the inclusion of universal access to sexual and reproductive health and rights in the International Conference on Population and Development process beyond 2014 and the post-2015 development agenda as an indispensable foundation for poverty reduction and sustainable development.

Universal access to sexual and reproductive health and rights includes access to information and services. Sexual and reproductive health and rights information refers to content made available for and delivered particularly to young people, women and marginalized groups in order to provide comprehensive and correct knowledge on sexual and reproductive health and rights and HIV, as well as to increase their capacity to gain access to services and meet their own information needs. Sexual and reproductive health services deal with prevention, diagnosis, treatment and management of sexual and reproductive health problems, both physical and mental; and information, support, counselling and health care for all people, including those who are not sexually active, young people, and unmarried and married people.

The above definition includes the following aspects:

(a) Comprehensive sexuality education covers a broad range of issues relating to both the physical and biological aspects of sexuality, as well as the emotional and social aspects. It recognizes and accepts all people as sexual beings and is concerned with more than just the prevention of disease or pregnancy. Comprehensive sexuality education programmes should be adapted to the age and stage of development of the target group;

(b) Integration of sexual and reproductive health and rights in the health system is essential for achieving better access to those rights. Part of the necessary services are provided through the health system: ante- and postnatal care, skilled attendance at birth, emergency obstetric care, comprehensive abortion care, family planning services, and treatment and prevention of sexually transmitted infections. In order to improve access, particular attention should be paid to young people, women, unmarried couples, young people living with disability, the rural poor, the ageing population and marginalized groups;

(c) Youth-friendly services are those able to attract young people, respond to their needs and succeed in retaining them for continuing care. They should be comprehensive and relevant to adolescents' needs while ensuring confidentiality, respecting young people's evolving capacity, celebrating diversity, and adopting a sex-positive and rights-based approach to young people's sexual health and rights;

(d) Comprehensive abortion care should include treatment for unsafe and incomplete abortions, pre- and post-abortion counselling and care, and induced surgical and medical abortion care. National laws and policies should be adapted to end the public health problem caused by unsafe abortions by improving access to contraceptives, including for young people;

(e) Integration of sexual and reproductive health and rights with HIV programmes is important as poor sexual and reproductive health and rights outcomes and HIV infection share many root causes, including poor access to information and contraceptives, gender inequality, stigma and harmful cultural norms and practices. By investing in access to information and comprehensive sexual and reproductive health and rights services, HIV infections can be prevented and treated and the overall situation with respect to sexual and reproductive health and rights can be improved, including reducing the prevalence of sexually transmitted infections, unplanned pregnancies and maternal mortality rates.

Inadequate access to and unaffordability of contraception are key factors contributing to poor maternal health indicators. This is true especially among young people, young people living with disability, the rural poor and marginalized groups. By investing in the provision of family planning, especially long-term methods, unplanned pregnancies, maternal mortality and unsafe abortions can be reduced globally. The global population will also be manageable, hence spurring economic and social development.

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Statement submitted by International Gay and Lesbian Human Rights Commission, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Please recycle

Statement

For more than two decades, the International Gay and Lesbian Human Rights Commission has focused on ensuring the universal implementation of human rights for everyone regardless of their sexual orientation or gender identity. On the occasion of the forty-seventh session of the Commission on Population and Development, we express our support for General Assembly resolution 65/234, by which the Assembly decided to extend beyond 2014 the Programme of Action of the International Conference for Population and Development and the key actions for its further implementation, and submits the following assessment of the status of implementation. We specifically draw attention to discrimination on the basis of sexual orientation and gender identity in connection with access to education, achievement of gender equality, women's health and HIV prevention.

Recognized as a key factor in sustainable development, as well as a component of well-being and a factor in the development of well-being, education is a critical component of the Programme of Action. Lesbians, bisexual women and transgender people face unique barriers to accessing education. Individuals perceived as transgressing traditional ideas of sexuality and gender norms are often treated by authorities as threatening the social order. As a consequence, gender non-conforming women and transgender people are excluded from formal education or forced to comply with gender norms as a condition for accessing education. Gender non-conforming children or children with diverse sexualities are harassed and discriminated against regularly by peers, as well as by school administration and staff. This discrimination is compounded by the absence of institutional or familial mechanisms of support. School policies reinforce gender norms and further marginalize gender non-conforming students. The net result is that many drop out of school early or are forced out. In her report on discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity (A/HRC/19/41), the United Nations High Commissioner for Human Rights highlighted widespread discrimination in schools, citing a study carried out in the United Kingdom of Great Britain and Northern Ireland that found that almost 65 per cent of lesbian, gay and bisexual youth had been bullied in schools. Another study conducted in the United Kingdom in 2009 found that 75 per cent of transgender students had been bullied. Our own research in Japan, Malaysia, Pakistan, the Philippines and Sri Lanka concludes that, in many countries, a large proportion of gender non-conforming young people had faced bullying, and in some cases expulsion, in schools.

Despite the health-care objective imbedded in the Programme of Action to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people, policies and programmes on reproductive health care regularly exclude or ignore the specific needs of lesbians, bisexual women and transgender people. This results in limited access to health-care services. In his report on actions to strengthen linkages among programmes, initiatives and activities throughout the United Nations system for gender equality, the empowerment of women and girls, protection of all of their human rights and elimination of preventable maternal mortality and morbidity, the Secretary-General explains that the root causes of maternal mortality and morbidity are human rights violations such as discrimination, gender-based violence and inadequate investment in and/or unequal access to education, basic health, nutrition and basic health care

(E/CN.6/2012/9, para. 6). The same report highlights the substantial impact that HIV has on maternal mortality.

All children must have access to evidence-based comprehensive sexuality education and life-skills training as an integral part of their right to health and their right to education geared at preparing them for responsible life in a free society. At the Sixth Asian and Pacific Population Conference of the Economic and Social Commission for Asia and the Pacific, States from that region agreed that such education is essential for adolescents and young people to exercise their right to control all aspects of their sexuality, as well as other rights (E/ESCAP/APPC(6)/3, para. 59). Yet, sex education is often neither comprehensive nor evidence-based, ignoring or even at times condemning the sexual orientation or gender identity of those who do not conform to imposed gender norms. This lack of gender equality leaves those who are excluded or condemned at greater risk of violence and of being overrepresented among the resource poor.

In many countries, transgender individuals are denied access to basic health care, regularly encounter dehumanizing treatment and are compelled to (or forced to) undergo medical procedures they do not need or want. In its report entitled "Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people", the World Health Organization (WHO) acknowledges long-standing evidence that men who have sex with men and transgender people experience significant barriers to quality health care owing to widespread stigma against homosexuality and ignorance about gender variance. Despite this recognition, WHO still recognizes transgender identity as a disorder in its International Classification of Disorders. Partially as a result of this, in many countries access to health-care services needed predominantly or exclusively by transgender individuals require the individual to be diagnosed with a mental disorder such as gender dysphoria or gender identity disorder as a condition for care. This requirement undermines the right to physical, emotional, mental and social well-being in relation to sexuality and contributes to legitimizing discrimination against transgender individuals with regard to housing, education, employment and other economic and social rights. At its fifty-second meeting, the Directing Council of the Pan American Health Organization (PAHO) reaffirmed the barriers to care and recalled the recognition by WHO that discrimination against marginalized groups in society both causes and magnifies poverty and ill-health. Our organization has recently received reports from partners in Chile, Colombia, Guatemala, Guyana, the Philippines, Turkey and Zimbabwe, among other countries, outlining the numerous ways in which the rights of transgender people, as well as the rights of lesbian, gay and bisexual people, are violated.

In short, violence against lesbian, gay, bisexual and transgender people is rife in every region of the world and is hampering progress in the implementation of the goals of the Programme of Action, directly, by contributing to gender inequality and, indirectly, by acting as a barrier to the enjoyment of economic and social rights. This was recognized in 2013 by Governments in Latin America and the Caribbean in the Montevideo Consensus on Population and Development, which states that violence against girls, women and lesbian, gay, bisexual and transgender persons, in particular sexual violence, is a critical indicator of marginalization and inequality and affects their autonomy, self-determination, individual and collective health and the exercise of human rights.

Even so, studies show that lesbians, bisexual women and transgender individuals face a disproportionate amount of violence from both State and non-State actors. A 2007 study conducted by the Colombian non-governmental organization Profamilia and the National University of Colombia found that the most frequent victims of discrimination by police and private security forces are transgender persons.

Additionally, lesbians, bisexual women and transgender people are frequently neglected by institutional mechanisms designed to protect individuals against violence. For example, many States have laws that protect women from domestic or family violence but specifically exclude individuals in same-sex relationships. Still more States have laws that use ambiguous language, allowing justice officials and service providers to exclude individuals in same-sex relationships de facto. The Montevideo Consensus recognizes the ways discrimination on the basis of sexual orientation and gender identity places persons of diverse sexuality in a vulnerable position, preventing their access to equality and to the full exercise of citizenship.

These examples demonstrate the wide range of challenges facing lesbians, bisexual women and transgender people in terms of lack of access to education, lack of gender equality, women's health and HIV prevention. These are challenges that prevent the realization of the goals of the Programme of Action. We call upon States to create policies to modify social and cultural patterns and that will eliminate prejudices based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women. Only when lesbian, gay, bisexual and transgender people enjoy human rights on an equal basis with others can the goals of the Programme of Action be fully realized.

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Statement submitted by Amnesty International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Please recycle

Statement

Amnesty International welcomes the opportunity provided by the forty-seventh session of the Commission on Population and Development to assess the status of implementation of the Programme of Action of the 1994 International Conference on Population and Development.

The International Conference on Population and Development prompted an unprecedented shift in thinking about population and development, broadening international focus from narrow considerations of population control towards a more comprehensive vision that reflected the importance of gender equality and human rights. The resulting Programme of Action affirmed that population policies could no longer operate in isolation, removed from economic and social development agendas, particularly as they relate to women's empowerment. It also provided a strong framework for a comprehensive and human rights-based approach to sexual and reproductive health and rights specifically, recognizing that gender equality, equity and women's empowerment are crucial to effective population and development strategies.

Since 1994, some important steps have been taken to realize the political commitments contained in the Programme of Action. However, progress has been generally uneven and slower than desirable across all regions. For example, while there have been positive developments in the provision of certain reproductive health services, such as antenatal care, progress has been inadequate on other commitments, such as access to safe abortion and comprehensive sexuality education.

Moreover, many States have failed to adequately address major barriers that impede the effective realization of women's and girls' sexual and reproductive health and rights, such as discriminatory laws and policies, as well as discriminatory attitudes and practices evident in State institutions, communities and families. Gender-based violence and the experience of multiple and intersecting forms of discrimination continue to exacerbate marginalization and limit women's and girls' ability to fully enjoy their personal autonomy and sexual and reproductive health and rights.

Political commitments in the Programme of Action also need to be strengthened to better reflect the normative developments and progressive political consensuses on sexual and reproductive health and rights developed by international and regional bodies over the past two decades.

As part of the operational review of the Programme of Action, national, regional and thematic consultations in 2012 and 2013 recognized the challenges and gaps in its implementation. The outcome documents of many of these consultations not only reaffirmed the political commitments made in 1994, but also recognized developments in human rights standards since that time, and suggested stronger and more comprehensive protections for sexual and reproductive health and rights.

At the forty-seventh session of the Commission on Population and Development, States must take into consideration the strong and progressive consensus reached during the review consultations regarding the challenges and gaps in the implementation of the Programme of Action. Gender equality and the full realization of all human rights must be at the centre of all discussions during the session, and must feed into the deliberations of the post-2015 agenda. States must

ensure that the present session reaffirms a strong and progressive approach to ensuring that sexual and reproductive health and rights are enjoyed by all.

In particular, Amnesty International urges States to recognize the need for strengthened commitments in the following areas, where progress thus far has been inadequate.

Sexual and reproductive rights

There must be full recognition, protection and implementation of sexual and reproductive rights as human rights. Sexual and reproductive rights encompass several entitlements and freedoms linked to the preservation of dignity in the sexual and reproductive realms, including the rights to health, life, information, non-discrimination, freedom of expression and the right to choose when and how many children to have, if any.

States must respect, protect and fulfil these rights, and implement laws, policies and programmes that empower all individuals to make informed decisions and have autonomy over their choices regarding sexuality and reproduction, free from coercion, discrimination or violence. States must also take steps to reform laws, policies and guidelines that impose criminal or punitive sanctions for the exercise of those rights. These include, among others, laws that criminalize abortion, conduct during pregnancy, same-sex relations and consensual sex between adults and between adolescents, which fail to respect the principles of evolving capacity and meaningful consent. States must further protect individuals' sexual and reproductive rights from violations committed by non-State actors.

Right to equality and non-discrimination

States have an immediate and ongoing obligation to ensure equality and non-discrimination. However, specific groups remain underserved and excluded from the benefits of programmes on sexual and reproductive health and rights. Pervasive gender-based discrimination has substantially impeded progress, and human rights violations persist, including child, early and forced marriage; forced sterilization and other harmful practices; as well as denial of autonomy to women and girls to make decisions about their sexual and reproductive health free from discrimination, coercion and violence.

Gender equality

States must review and reform all laws, regulations and policies that have a discriminatory impact on women, girls and persons with diverse gender identities, and implement programmes and policies aimed at promoting gender equality and removing stereotypes. Multiple and intersecting forms of discrimination can compound the experience of injustice and marginalization of women and girls, and non-conforming individuals. States have an obligation to tackle these forms of discrimination, including through specific policies and programmes.

In addition to targeting women and girls, Governments must also develop programmes aimed at men, boys, families and community members that address the attitudes and beliefs that lie at the core of pervasive gender discrimination. Measures must include preventing gender-based violence, ensuring that survivors of gender-based violence can access effective remedies, and ending impunity for

perpetrators. Where certain forms of gender-based violence are claimed to be justified by culture, religion or tradition, States must enact laws that prohibit such harmful practices and raise awareness about their detrimental health consequences.

States must also collect data disaggregated on the basis of gender and for other groups identified as facing discrimination to ensure progress towards the realization of sexual and reproductive rights for all.

Universal access to quality, comprehensive, integrated sexual and reproductive health

Progress towards achieving universal access to sexual and reproductive health services has been insufficient and uneven. Maternal mortality is still unacceptably high, especially among the poorest and most marginalized women. Services are often not sufficiently available, accessible, affordable or of good quality. For example, lack of access to skilled birth attendants and unsafe abortion continue to contribute to a significant proportion of maternal deaths.

Women and girls continue to face a range of legal, social, cultural, economic and structural barriers in accessing the services they need, such as transport costs and user fees, discriminatory treatment by medical personnel, or the requirement for third-party consent to access family planning and contraceptives.

Vital access to sexual and reproductive health services is also often severely compromised by institutional discrimination on the grounds of sexual orientation, gender identity, race, age, language, ethnicity, religion, residence, nationality, indigenous status, disability, or health, marital or economic status. For example, the provision of sexual and reproductive health services and information continues to be geared towards the experience and needs of those who conform to particular gender roles. Exclusion, harassment and discrimination on the part of health personnel because of an individual's real or perceived sexual orientation or gender identity remain a serious concern in many countries.

Comprehensive sexuality education

States must ensure that children and adolescents are provided with comprehensive sexuality education based on accurate information about sexuality, sexual health, reproduction, human rights and empowerment, non-discrimination, gender equality and gender roles, sexual behaviour, sexual abuse, gender-based violence and harmful practices. These programmes must be gender sensitive, evidence-based and respect the evolving capacity of children and adolescents, and must provide them with the information and skills necessary to manage decision-making and personal autonomy.

Participation

In deciding on priorities and in designing, planning, implementing and monitoring policies and programmes related to sexual and reproductive health and rights, States must create opportunities for equal, effective and meaningful participation by all individuals, in particular those from marginalized groups or groups that are affected by such initiatives. States must also ensure that women human rights defenders can carry out their activities free from coercion, intimidation and attacks.

Accountability and effective remedies for violations of sexual and reproductive rights

All victims of human rights violations have a right to an effective remedy and to compensation. In many countries, there are no effective mechanisms for filing complaints when the right to health or the sexual and reproductive rights of individuals are violated, leaving victims with little or no recourse.

States must effectively monitor the implementation of sexual and reproductive health programmes and policies and provide all individuals, in particular those at risk of discrimination, with mechanisms for addressing their grievances. States must also ensure that everyone can use the law to enforce their rights without discrimination and access effective remedies when their sexual and reproductive health and rights are violated.

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Statement submitted by Priests for Life, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2014/1.

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Please recycle

Statement

The assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development occurs at a critical juncture as the United Nations also evaluates the achievement of the Millennium Development Goals and works to develop sustainable development goals.

Priests for Life notes that the Programme of Action states that the discussion on population and development is where it should be: focusing on human lives. As an organization dedicated to upholding the innate dignity of all, we concur that population and development programmes must improve, and not destroy, human lives.

Priests for Life affirms the dignity and worth of every human life from conception to natural death and opposes attempts to eliminate selected groups of people, especially preborn children through abortion, and the disabled and elderly through euthanasia. Actions to reduce child and maternal mortality must be assessed for progress and greater commitments made to save lives and promote the well-being of all, from conception to natural death.

Reductions in mortality

Child mortality

The 2013 edition of the report "Levels & trends in child mortality" by the United Nations Inter-agency Group for Child Mortality Estimation notes that while the deaths of children under age 5 declined, nearly 18,000 children under 5 years of age died every day in 2012. The causes of their deaths included preventable and treatable conditions attributed to pneumonia, preterm birth complications, complications during birth, diarrhoea and malaria. Undernutrition was a factor in 45 per cent of deaths of children under 5.

Priests for Life supports efforts to provide nutritious food, clean water and sanitation for the well-being of children and mothers and advocates for access to life-saving health care, including antibiotics, treatment of HIV/AIDS, immunizations for communicable disease, prevention and treatment of malaria, treatment of pneumonia and oral rehydration for diarrhoeal disease.

Neonatal mortality

The report of the United Nations Inter-agency Group for Child Mortality Estimation also contains data that demonstrate the need for increased efforts to save the lives of newborns, stating: "The proportion of under-five deaths that occur within the first month of life (the neonatal period) has increased 19 per cent since 1990, from 37 per cent to 44 per cent, because declines in the neonatal mortality rate are slower than those in the mortality rate for older children."

The lack of progress resulted in the yearly deaths of nearly 1 million newborns in the first minute after birth, because they could not take their first breath. Birth asphyxia kills more children than malaria and nearly five times more than HIV/AIDS while complications from preterm birth are responsible for 34 per cent of neonatal deaths, the majority of them preventable.

Priests for Life urges a greater global commitment to provide for the special health needs of newborns and to save and protect the lives of all children, before

and after birth. As the Convention on the Rights of the Child reminds us, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth".

Abortion contributes to universal loss of life and perpetuates a dangerous mentality that devalues and destroys human life, in conflict with the emphasis in the Programme of Action on improving human lives and respecting human rights.

Maternal mortality

Progress to reduce maternal deaths has been successful over the last two decades. According to the 2012 report Trends in Maternal Mortality: 1990 to 2010, maternal deaths worldwide fell by half during that period, from 543,000 to 287,000.

The provision of health care services that respect the right to life of each and every human life is essential to continued progress in reducing both maternal and child mortality. Evidence shows that the provision of life-affirming maternal health care reduces maternal deaths.

Efforts to provide all mothers with skilled birth assistance must continue. Skilled childbirth attendants recognize obstetric emergencies and help women receive critical emergency care and treatment. Complications from childbirth, including severe bleeding, the number one cause of maternal death, must continue to be treated and prevented while mothers receive essential transfusions of clean blood. Increased access to prenatal care, including adequate nutrition and vitamins, will save the lives of both mothers and children.

Women's health and lives continue to be jeopardized by a lack of access to health care for the prevention and treatment of disease, including malaria, HIV/AIDS, hepatitis, anaemia, malaria, cardiovascular disease, tuberculosis, epilepsy and diabetes, all factors that increase the risk of maternal death.

Priests for Life believes that abortion is not a part of legitimate maternal or reproductive health care. Abortion ends the life of one patient and may cause physical, mental, emotional or spiritual injury to the woman. Post-abortive women around the world speak with regret of their abortion through our "Silent no more" awareness campaign and many others globally seek healing through the retreats offered by our Rachel's Vineyard ministry. Programmes that include access to abortion treat women's unique reproductive capabilities as a problem rather than recognizing and assisting the universally valued role of mother.

Nutrition during the first 1,000 days of life

The provision of nutrition demands attention and assessment. Malnutrition is the underlying cause of death of at least 3.1 million children a year. More than 800,000 babies, one in four newborns, die each year because they are born too soon or too small as a result of poor maternal nutrition.

It is increasingly recognized that adequate nutrition during the first 1,000 days of life, from conception to the second birthday, saves the lives of women and children and improves the prosperity of a country. An incisive series of reports published in 2008 by the *Lancet*, Maternal and Child Nutrition, issues an urgent plea to Governments to make nutrition during the first 1,000 days of life, and for all women of childbearing age, the centre of the new development goals.

As stated in one of the follow-up reports, "Maternal and child nutrition: building momentum for impact", published in 2013 in the *Lancet*, "the new

evidence provided in the Maternal and Child Nutrition Series strengthens the case for a continued focus on the first 1,000 days. Investments within this window can help meet crucial goals: the prevention of undernutrition, overweight, and poor child development outcomes with long-lasting effects on human capital formation".

Another of the follow-up reports, "Only collective action will end undernutrition", emphasizes the importance of preparing adolescents and women of reproductive age for pregnancy and placing this urgent need at the centre of the post-2015 agenda.

We are in a race against time to eradicate the global scourge of undernutrition. Undernutrition cripples global economic growth and development, and future global prosperity and security are intimately linked with our ability to respond adequately to this urgent challenge. It stunts the physical growth and life chances of millions of people. Estimates suggest that up to 11 per cent of national economic productivity in Africa and Asia is lost to undernutrition.

Women and girls are at the heart of this message. As the bearers and caregivers of children, their health and economic potential is entwined with that of future generations. Unless girls grow well in early childhood and adolescence and enter into motherhood well nourished, are lent support during pregnancy, protected from heavy physical labour and empowered to breastfeed and provide good food for their babies and toddlers, the intergenerational cycle of undernutrition will not be broken.

If women of childbearing age are well nourished, they are healthier and able to provide nourishment for the child in the womb, and up to age two, to ensure healthy physical and cognitive development. Healthy children thrive and are empowered to become healthy adults who are better equipped to make meaningful contributions to their families, society and country.

Conclusion

While there has been measurable success in reducing child and maternal mortality rates in some countries and regions, a greater global commitment is needed to further reduce child and maternal mortality and to reduce neonatal mortality.

The elimination of malnutrition during the first 1,000 days of life and for adolescent girls and all women of childbearing age will not only save the lives of women and children and contribute to their well-being, but will improve the economic potential of countries. It ought to be at the centre of development policies.

The intrinsic dignity of life is the foundation of human rights and extends to all members of the human family, including preborn children, who are the future of all countries, especially those struggling with the effects of low fertility. Attempts to inject a pro-abortion ideology into negotiated documents block consensus and impede progress. Many countries oppose abortion and view the child in the womb as a precious member of the human family. According to data from the wall chart World Abortion Policies 2013, issued by the Population Division of the Department of Economic and Social Affairs, many more countries ban or restrict abortion than allow abortion upon request.

Abortion destroys lives and ought not to be promoted in policies and programmes on population and development, which should focus on human lives and recognize the potential of all individuals; no one should be treated as expendable.

United Nations E/CN.9/2014/NGO/18

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Commission on Population and Development
Forty-seventh session
7-11 April 2014
Item 4 of the provisional agenda*
General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Action Canada for Population and Development, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2014/1.

14-21780 (E) 300114

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Statement

The present statement submitted by Action Canada for Population and Development is based on The Hague civil society call to action on human rights and the International Conference on Population and Development beyond 2014. Action Canada for Population and Development is a non-profit advocacy organization that seeks to enhance the quality of life of all individuals by promoting progressive policies in the field of human rights and international development, with a primary focus on reproductive and sexual rights and health.

We welcome the theme of the forty-seventh session of the Commission on Population and Development, "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development". Many events have taken place to assess progress in the implementation of the Programme of Action. Declarations by civil society made throughout the review process have identified further actions required as well as new and emerging issues that must be acknowledged and addressed from a human rights perspective in the post-2015 development agenda. We reaffirm these declarations, including The Hague civil society call to action on human rights and the International Conference on Population and Development beyond 2014, which emerged from the International Conference on Population and Development International Conference on Human Rights, held in the Netherlands in July 2013, and the declaration of the Global Youth Forum, held in Indonesia in December 2012.

While much progress has been made, gaps remain in the implementation of the Programme of Action. Severe inequalities persist that are deeply rooted in inequitable gender hierarchies and patriarchal notions of the need to control women's and girls' bodies and sexualities. Despite commitments made in 1994 and during subsequent reviews, Governments continue to violate individuals' sexual and reproductive rights by establishing and upholding discriminatory laws, policies and programmes, limiting access to sexuality education and sexual and reproductive health services and perpetuating structural inequalities. These actions not only violate individuals' human rights, but also hamper their health and well-being and detract from the benefits associated with development.

In committing to the principles of the Programme of Action of the International Conference on Population and Development and the international human rights treaties, Governments have an obligation to repeal or revise discriminatory laws and policies that violate individuals' sexual and reproductive rights. This entails taking immediate steps to end the criminalization and other punitive regulation of consensual sexual activities, matters of reproduction and gender expression, including sex outside of marriage, same-sex sexual activities, voluntary sex work and activities related to such work, abortion, contraception, reproductive health information, and HIV transmission or status. Alongside the repeal of discriminatory laws and policies is the obligation to ensure that the legal and policy framework enables the realization of sexual and reproductive rights.

In realizing the right to health, Governments have the obligation to ensure the availability, accessibility, acceptability and quality of comprehensive and integrated sexual and reproductive health information and services and to remove any barriers that impede access to such services. To be available, integrated sexual and reproductive health information and services must be offered in well-functioning

facilities, with sufficient quantities and supplies. To be accessible, they must take into consideration physical location, affordability and other barriers related to stigma and discrimination based on age, gender, economic status, religion and marital status, among others. To be acceptable to the populations for whom they are intended, they must be gender-sensitive and youth-friendly. To be of the highest quality, they must be in line with quality care standards. In accordance with international norms and guidelines, sexual and reproductive health services and information must be provided with individuals' informed consent, with respect for confidentiality and without discrimination. Stigma surrounding services, including abortion, must be addressed through accurate education programmes; women and adolescent girls must be able to feel comfortable and safe accessing services that fully respect their bodily autonomy, privacy and confidentiality. A comprehensive package of information and services must meet the sexual and reproductive health needs of all and include the widest possible range of contraceptives, including emergency contraception, male and female condoms and other contraceptives; safe and legal abortion services; quality services for the management of complications arising from unsafe abortion; skilled birth attendance; emergency obstetric care; screening and treatment for sexually transmitted infections; HIV prevention, care and treatment; and prevention and treatment of infertility, maternal morbidities and reproductive cancers.

Programmes must be developed in accordance with the human rights principles of: universality and inalienability, indivisibility, interdependence and interrelatedness, equality and non-discrimination, participation and inclusion, and accountability and the rule of law. They must recognize the diverse needs and realities of those they are intended to serve. This means recognizing that structural inequalities related to gender, age, sexuality, ability, occupation, marital status, health status, ethnicity, geographic location and socioeconomic status, among other factors, limit access to sexual and reproductive health information and services and perpetuate harmful cultural and religious traditions, including early and forced marriage, female genital mutilation, dowry, polygamy and unpaid care work, as well as other human rights violations such as forced sterilization, forced abortion and forced contraception. Gender inequalities are prevalent. Owing to unequal and discriminatory power dynamics that perpetuate negative gender stereotypes and norms, women, girls and transgender individuals face heightened levels of poverty and lack of access to quality services and other resources such as education, as well as sexual and gender-based violence.

Realizing women's and girls' rights necessitates challenging inequitable sexuality and gender norms and promoting gender equality. It requires reformulating macroeconomic policies that perpetuate inequality, inequity and human rights violations and restrict the availability, accessibility, acceptability and quality of sexual and reproductive health services, and removing economic barriers that prevent people, particularly marginalized groups, from accessing sexual and reproductive health services. A commitment to realizing the rights of the most marginalized, especially women, adolescents and young people, persons having diverse sexual and gender identities, indigenous peoples, people with disabilities, people living with HIV, sex workers, Roma people, afro-descendants, dalits, people living in rural and remote areas and others, means guaranteeing sexual and reproductive health and rights as human rights.

In a world of 7 billion, 45 per cent of whom are below the age of 18, realizing young people's sexual and reproductive rights is critical to the achievement of the Programme of Action of the International Conference on Population and Development and broader development goals. It requires Governments to remove legal, political and regulatory barriers that hinder the empowerment of young people to exercise and claim their rights. Young people must also be able to realize their rights to education and to obtain information through youth-friendly, non-judgemental, scientifically accurate and comprehensive sexuality education, in both formal and informal settings, with supportive policy and legal frameworks in place, accompanied by teacher training, supervision and performance review mechanisms; young people and adolescents should be actively involved in the design, implementation, monitoring and evaluation of such programmes. All policy- and decision-making affecting young people must be done with their meaningful and effective participation.

Looking beyond 2014 to the formulation of the post-2015 development agenda, Governments must:

- Ensure the implementation of all human rights obligations related to the Programme of Action of the International Conference on Population and Development
- Promote equality by tackling the root causes of structural inequalities
- Eliminate inequality, stigma, discrimination and violence against individuals on the basis of their perceived sexuality, sexual orientation, health status, gender, marital status, occupation, ability, age, gender identity and gender expression
- Eliminate laws and policies that impose barriers to access to sexual and reproductive health services and information, including parental, spousal and guardian consent or notification laws and laws criminalizing or in any way restricting girls' and women's access to safe abortion services and post-abortion care, among others
- Ensure access to a comprehensive, accessible and integrated package of sexual and reproductive health services, information and education that is free from stigma, discrimination and violence and that fully respects privacy, informed consent and confidentiality
- Ensure that sexual and reproductive health services are youth-friendly and recognize, promote and protect young people's sexual rights as human rights, including their rights to bodily autonomy, integrity and pleasure
- Empower individuals to exercise and claim their sexual and reproductive rights as human rights.

Accountability must be at the core of the post-2015 development agenda. A commitment to accountability requires transparency and mechanisms to ensure the meaningful and effective participation of affected individuals and groups, including civil society organizations. In this regard, Governments have the responsibility to respect, protect, promote and fulfil the sexual and reproductive rights of all individuals, ensuring that they are aware of their entitlements. In doing so, they must take active steps to identify accountability gaps and address them through effective planning, adequate resources, and regular monitoring, evaluation, review and oversight.

United Nations E/CN.9/2014/NGO/19

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Commission on Population and Development
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7-11 April 2014
General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Population Action International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

Unfinished business: why sexual and reproductive health is key to achieving the Programme of Action of the International Conference on Population and Development and critical to broader development success

In 1994, in Cairo, world leaders adopted the landmark Programme of Action of the International Conference on Population and Development, which calls for all countries to achieve universal access to reproductive health by 2015. A decade later, they adopted a target to achieve universal access to reproductive health by 2015, as part of Millennium Development Goal No. 5. Since its founding in 1965, Population Action International has supported these goals by advocating for women and families to have access to contraception in order to improve their health, reduce poverty and protect their environment. We work with local and national leaders in developing countries to improve reproductive health programmes and policies. We show how these programmes are critical to global concerns, such as preventing HIV, combating the effects of environmental degradation and climate change, and strengthening national development and security. Twenty years after Cairo, we welcome the opportunity to assess the status of implementation of the Programme of Action and to reflect upon progress and unfinished work.

Achieving the Programme of Action and the Millennium Development Goal target on achieving universal access to reproductive health by 2015 are key to improving women's health and enhancing the status and rights of women and girls. Investments in sexual and reproductive health and rights, including ensuring access to modern contraception, has had a significant positive impact on the quality of life of women and girls. These investments have also helped improve maternal health and reduce child mortality. In the past two decades, maternal mortality has declined by 47 per cent. In areas where contraceptive use and skilled birth attendance at birth are high, maternal mortality tends to be lower.[1] Birth spacing, made possible by family planning, is critical to improving child health. Children born between three and five years apart are 2.5 times more likely to survive than children born two years apart.

However, the Cairo agenda is unfinished. Reducing the unmet need for family planning is still one of the goals of the Programme of Action that is furthest from being met. Today, there are 222 million women who want to delay or avoid pregnancy and are not using modern contraception.[2] Millions more do not have the basic information they need to make informed choices about their sexual and reproductive lives. Providing services and information to women in developing countries whose need for modern methods of contraception is currently unmet would prevent 54 million unintended pregnancies.[2] Member States are obligated to work progressively towards the full realization of sexual and reproductive rights, to ensure that every pregnancy is wanted.

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[1] *The Millennium Development Goals Report 2013* (United Nations, New York, 2013). Available from www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf.

[2] Susheela Singh and Jacqueline E. Darroch, "Adding it up: costs and benefits of contraceptive services — Estimates for 2012" (Guttmacher Institute and United Nations Population Fund, New York, June 2012). Available from www.guttmacher.org/pubs/AIU-2012-estimates.pdf.

As we reach 2015, the goal year for the International Conference on Population and Development and the Millennium Development Goals, it is essential to recognize sexual and reproductive health and rights, including family planning, as a key to development. In particular, we recommend that:

- As part of the post-2015 framework, United Nations Member States include a stand-alone goal on sexual and reproductive health and rights. A stand-alone goal, as well as mainstreaming sexual and reproductive health through the framework, would help make strides in other areas of development, and therefore needs to be emphasized in the post-2015 process. Achieving universal access to sexual and reproductive health and rights, including family planning, is critical for addressing an aspirational set of goals in a post-2015 development agenda;

- Governments increase their share of funding for public sector family planning services and supplies, and ensure that funding is disbursed in a timely manner. Governments that have not already created budget lines for family planning programmes and/or contraceptives should do so, to enhance transparency and foster accountability. Governments are the primary duty bearers responsible for meeting the sexual and reproductive health needs of their citizens; it is time for them to step more fully into this role;

- Donors honour their commitments to support Governments in meeting the objectives of the Programme of Action, paying special attention to reducing the unmet need for family planning. The international community must make international cooperation and assistance more predictable and better aligned with national priorities, and channel assistance to recipient countries in ways that strengthen national health systems.

The coming months are a critical time for the United Nations Member States. Reviewing the Programme of Action of the International Conference on Population and Development and creating the post-2015 development agenda offer a unique opportunity to expand and improve services that have a great impact on the lives of people everywhere. It is important to build on the successes of the last two decades and find innovative ways to achieve the goals of the Programme of Action and the Millennium Development Goals that have yet to be realized. Achieving universal access to reproductive health and family planning services and supplies, with adequate funding and a supportive policy environment, is fundamental to achieving the Programme of Action and the Goals, and must be prioritized as the Programme of Action is reviewed.